

# Campaign Contribution Disclosure Report

## Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 West Tower | Atlanta, GA 30334 | 404-463-1980 | [www.ethics.ga.gov](http://www.ethics.ga.gov)

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                     |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Report Type</b><br>(Select One) | <b>2. Filing is being made on behalf of (Select One):</b><br><b>Candidate or Public Official</b><br>Office Held or Sought <u>Smyrna City Council - Ward 1</u><br><small>(Include county, municipality, district, post or judicial seat)</small><br>Filer ID <u>C2019000659</u><br><small>(Filer ID that begins with the letter "C")</small><br><b>Organization or Person Other than Candidate's Campaign Committee</b><br>Committee Name: _____<br>Filer ID: _____<br><small>(Filer ID that begins with the letter "NC")</small> | Use Earlier of Post<br>Mark or Hand-Delivered<br>Date<br><div style="border: 1px solid black; width: 100px; height: 30px; margin-top: 10px;"></div> |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

RECEIVED APR 30 2026

### 3. Identifying and Contact Information

(1) Glenn Pickens (2) 4/29/2026  
*Full Name of Candidate or Other Than Candidate Campaign Committee Name* *Today's Date*

(3) 2188 Jay Lane, Smyrna, GA 30080  
*Mailing Address* *City* *State* *Zip Code*

(4) 770-842-0493 and/ or glennpickens@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: Harrison Aiken Emily-Cathryn Pickens  
*Name of Committee Chairperson* *Name of Committee Treasurer*

### 4. Period for which you are Reporting

**You Must Check Only One Box**

| My Non-Election Year                                                                                                                                                                                                                                                                                         | My Election Year                                                                                                                                                                                                                                                                                                     | Run-Offs<br><small>(Report required only if you are in a Run-Off Election)</small>                                                                                                                                                                                                               | Special Election                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> June 30, _____ (year)<br><input type="checkbox"/> December 31, _____ (year)<br><u>April 30, 2026</u>                                                                                                                                                                                | <input type="checkbox"/> January 31, _____ (year)<br><input type="checkbox"/> April 30, _____ (year)<br><input type="checkbox"/> June 30, _____ (year)<br><input type="checkbox"/> September 30, _____ (year)<br><input type="checkbox"/> October 25, _____ (year)<br><input type="checkbox"/> Dec. 31, _____ (year) | <input type="checkbox"/> 6 days before Primary Run-Off _____ (year)<br><input type="checkbox"/> 6 days before General Run-Off _____ (year)<br><input type="checkbox"/> 6 days before Special Primary Run-Off _____ (year)<br><input type="checkbox"/> 6 days before Special Run-Off _____ (year) | <input type="checkbox"/> 15 days before Special Primary, _____ (year)<br><input type="checkbox"/> 15 days before Special, _____ (year)<br><input type="checkbox"/> Dec. 31, _____ (year) |
| <b>Supplemental Reporting</b><br><input type="checkbox"/> June 30, _____ (year)<br><input type="checkbox"/> December 31, _____ (year)<br><small>*Supplemental reports are required of candidates who have unsuccessfully campaigned for office or have resigned from office. See O.C.G.A. § 21-5-34j</small> |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                          |

State of Georgia County of Cobb

I, Glenn Pickens, 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.

a. Signature of Candidate

b. Organization/Chairperson/Treasurer

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**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Summary Report**

**CONTRIBUTIONS RECEIVED**

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------|
| 1  | <input checked="" type="checkbox"/> I have no contributions to report.<br><input type="checkbox"/> I have the following contributions, including Common Source, to report:                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>In-Kind<br/>Estimated Value</b> | <b>Cash Amount</b> |
| 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<br>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<br>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. | 596.25                             | 1418.57            |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                    |
| 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.                                                                                                                                                                                                                                                                                                                                                                 |                                    |                    |
| 5  | Total contributions reported this period.<br>(Line 3 + 3a + 3b + 3c + 3d + 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                    |
| 6  | Total contributions to date. Total to be carried forward to next report of this election cycle*.<br>(Line 2 + 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 596.25                             | 1418.57            |

**EXPENDITURES MADE**

|    |                                                                                                                                                                                                              |   |         |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| 7  | <input checked="" type="checkbox"/> I have no expenditures to report.<br><input type="checkbox"/> I have the following expenditures to report:                                                               |   |         |
| 8  | Total expenditures made and reported prior to this reporting period. If this is the<br>A. First report of this Election Cycle*, ENTER 0.<br>B. Second or subsequent filing ENTER Line 12 of previous report. | 0 | 1418.57 |
| 9  | Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.                                                                                |   |         |
| 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.<br>(Line 9 + 10)                                                                                                                                                    |   | 0       |
| 12 | Total expenditures to date. Total to be carried forward to next report of this election cycle*.<br>(Line 8 + 11)                                                                                             |   | 1418.57 |

**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.<br>(Line 6 - 12 + 14) |  |  |
|----|--------------------------------------------|--|--|

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

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**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.                    | 0             |
| 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) | 0             |
| Election Cycle*: _____ Election Year: _____ |                                                                                        | <u>Amount</u> |
| 1                                           | Outstanding indebtedness at the beginning of this reporting period.                    | 0             |
| 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) | 0             |
| Election Cycle*: _____ Election Year: _____ |                                                                                        | <u>Amount</u> |
| 1                                           | Outstanding indebtedness at the beginning of this reporting period.                    | 0             |
| 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) | 0             |

\* 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<br>Mailing Address<br>(Affiliation of Committee if any) | Contributor                                                                                                                                                         |                          | Election<br>Cycle**                                                                                                                                                                                                                                                                      | Cash<br>Amount | In-Kind<br>Contributions |  |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|--|
|                                                                                  | Received Date<br>Contribution Type*                                                                                                                                 | Occupation &<br>Employer |                                                                                                                                                                                                                                                                                          |                | Estimated Value          |  |
|                                                                                  |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                | Description              |  |
| First Name or Business Name                                                      | Date                                                                                                                                                                | Occupation               | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special | Cash Amt.      | Est. Value               |  |
| Last Name                                                                        |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| Address                                                                          |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| Address2                                                                         |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| City                                                                             | <input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Common Source<br><input type="checkbox"/> Credit Received on Loan | Employer                 | <input type="checkbox"/> Run-Off Special Primary                                                                                                                                                                                                                                         |                | Description              |  |
| State      Zip                                                                   |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| Aff. Comm.                                                                       |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| First Name or Business Name                                                      | Date                                                                                                                                                                | Occupation               | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special | Cash Amt.      | Est. Value               |  |
| Last Name                                                                        |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| Address                                                                          |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| Address2                                                                         |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| City                                                                             | <input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Common Source<br><input type="checkbox"/> Credit Received on Loan | Employer                 | <input type="checkbox"/> Run-Off Special Primary                                                                                                                                                                                                                                         |                | Description              |  |
| State      Zip                                                                   |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| Aff. Comm.                                                                       |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| First Name or Business Name                                                      | Date                                                                                                                                                                | Occupation               | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special | Cash Amt.      | Est. Value               |  |
| Last Name                                                                        |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| Address                                                                          |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| Address2                                                                         |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| City                                                                             | <input type="checkbox"/> Monetary<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Common Source<br><input type="checkbox"/> Credit Received on Loan | Employer                 | <input type="checkbox"/> Run-Off Special Primary                                                                                                                                                                                                                                         |                | Description              |  |
| State      Zip                                                                   |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |
| Aff. Comm.                                                                       |                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                          |                |                          |  |

Itemized Contributions Page Total    \$ \_\_\_\_\_ \$ \_\_\_\_\_

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|                                            |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
|--------------------------------------------|-----|--------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|
| First Name or Business Name                |     | Date                                             | Occupation | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special<br><input type="checkbox"/> Run-Off Special Primary | Cash Amt. | Est. Value  |
| Last Name                                  |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address                                    |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address2                                   |     | <input type="checkbox"/> Monetary                | Employer   |                                                                                                                                                                                                                                                                                                                                              |           | 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                |     | Date                                             | Occupation | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special<br><input type="checkbox"/> Run-Off Special Primary | Cash Amt. | Est. Value  |
| Last Name                                  |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address                                    |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address2                                   |     | <input type="checkbox"/> Monetary                | Employer   |                                                                                                                                                                                                                                                                                                                                              |           | 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                |     | Date                                             | Occupation | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special<br><input type="checkbox"/> Run-Off Special Primary | Cash Amt. | Est. Value  |
| Last Name                                  |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address                                    |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address2                                   |     | <input type="checkbox"/> Monetary                | Employer   |                                                                                                                                                                                                                                                                                                                                              |           | 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                |     | Date                                             | Occupation | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special<br><input type="checkbox"/> Run-Off Special Primary | Cash Amt. | Est. Value  |
| Last Name                                  |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address                                    |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address2                                   |     | <input type="checkbox"/> Monetary                | Employer   |                                                                                                                                                                                                                                                                                                                                              |           | 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                |     | Date                                             | Occupation | <input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special<br><input type="checkbox"/> Run-Off Special Primary | Cash Amt. | Est. Value  |
| Last Name                                  |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address                                    |     |                                                  |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Address2                                   |     | <input type="checkbox"/> Monetary                | Employer   |                                                                                                                                                                                                                                                                                                                                              |           | Description |
| City                                       |     | <input type="checkbox"/> In-Kind                 |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| State                                      | Zip | <input type="checkbox"/> Common Source           |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Aff. Comm.                                 |     | <input type="checkbox"/> Credit Received on Loan |            |                                                                                                                                                                                                                                                                                                                                              |           |             |
| Itemized Contributions 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

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### Loan Reporting

| Name of Lender<br>&<br>Mailing Address    | 1.Date of Loan<br>2. Amount of Loan<br>3.Election Cycle**                                                                                                                                                                                                                                                                                          | Person(s) responsible for<br>repayment of loan &<br>Mailing Address | 1.Occupation &<br>2.Place of Employment<br>3.Fiduciary Relationship***                                                                                          |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Lender Name (First Name, Business, Inst.) | 1.                                                                                                                                                                                                                                                                                                                                                 | First Name                                                          | 1.                                                                                                                                                              |
| Lender Last Name                          | 2.                                                                                                                                                                                                                                                                                                                                                 | Last Name                                                           | 2.                                                                                                                                                              |
| Address                                   | 3.<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special<br><input type="checkbox"/> Run-Off Special Primary | Address                                                             | 3.<br><br><input type="checkbox"/> Public Officer<br><br><input type="checkbox"/> Candidate<br><br><input type="checkbox"/> Other Than Candidate Committee Name |
| Address2                                  |                                                                                                                                                                                                                                                                                                                                                    | Address2                                                            |                                                                                                                                                                 |
| City                                      |                                                                                                                                                                                                                                                                                                                                                    | City                                                                |                                                                                                                                                                 |
| State      Zip                            |                                                                                                                                                                                                                                                                                                                                                    | State      Zip                                                      |                                                                                                                                                                 |
| Lender Name (First Name, Business, Inst.) | 1.                                                                                                                                                                                                                                                                                                                                                 | First Name                                                          | 1.                                                                                                                                                              |
| Lender Last Name                          | 2.                                                                                                                                                                                                                                                                                                                                                 | Last Name                                                           | 2.                                                                                                                                                              |
| Address                                   | 3.<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Special Primary<br><input type="checkbox"/> Run-Off Primary<br><input type="checkbox"/> Run-Off General<br><input type="checkbox"/> Run-Off Special<br><input type="checkbox"/> Run-Off Special Primary | Address                                                             | 3.<br><br><input type="checkbox"/> Public Officer<br><br><input type="checkbox"/> Candidate<br><br><input type="checkbox"/> Other Than Candidate Committee Name |
| Address2                                  |                                                                                                                                                                                                                                                                                                                                                    | Address2                                                            |                                                                                                                                                                 |
| City                                      |                                                                                                                                                                                                                                                                                                                                                    | City                                                                |                                                                                                                                                                 |
| State      Zip                            |                                                                                                                                                                                                                                                                                                                                                    | State      Zip                                                      |                                                                                                                                                                 |
| Reference: OCGA § 21-5-34(b)(1)           |                                                                                                                                                                                                                                                                                                                                                    | Loan Page Total    \$ _____                                         |                                                                                                                                                                 |

\* 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

CFC-CCDR 10/19

**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<br>Mailing Address of Recipient |     | Exp. Date<br>Exp. Type*                                                                                                                                                                                                                                                                                                                                                                                                    | Occupation &<br>Employer | Expenditure<br>Purpose | Amount<br>Paid |
|-----------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|----------------|
| First Name                                    |     | Date                                                                                                                                                                                                                                                                                                                                                                                                                       | Occupation               |                        |                |
| Last Name                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| Address                                       |     | <input type="checkbox"/> Expenditure<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Refund<br><input type="checkbox"/> Reimbursement<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> 3rd Party<br><input type="checkbox"/> Deferred Payment<br><input type="checkbox"/> Payment on Deferred Expense<br><input type="checkbox"/> Investment | Employer                 |                        |                |
| Address2                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| City                                          |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| State                                         | Zip |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
|                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| First Name                                    |     | Date                                                                                                                                                                                                                                                                                                                                                                                                                       | Occupation               |                        |                |
| Last Name                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| Address                                       |     | <input type="checkbox"/> Expenditure<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Refund<br><input type="checkbox"/> Reimbursement<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> 3rd Party<br><input type="checkbox"/> Deferred Payment<br><input type="checkbox"/> Payment on Deferred Expense<br><input type="checkbox"/> Investment | Employer                 |                        |                |
| Address2                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| City                                          |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| State                                         | Zip |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
|                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| First Name                                    |     | Date                                                                                                                                                                                                                                                                                                                                                                                                                       | Occupation               |                        |                |
| Last Name                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| Address                                       |     | <input type="checkbox"/> Expenditure<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Refund<br><input type="checkbox"/> Reimbursement<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> 3rd Party<br><input type="checkbox"/> Deferred Payment<br><input type="checkbox"/> Payment on Deferred Expense<br><input type="checkbox"/> Investment | Employer                 |                        |                |
| Address2                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| City                                          |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| State                                         | Zip |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
|                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |

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

CFC-CCDR 10/19

| List Name and<br>Mailing Address of Recipient |     | Exp. Date<br>Exp. Type*                                                                                                                                                                                                                                                                                                                                                                                                    | Occupation &<br>Employer | Expenditure<br>Purpose | Amount<br>Paid |
|-----------------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|----------------|
| First Name                                    |     | Date                                                                                                                                                                                                                                                                                                                                                                                                                       | Occupation               |                        |                |
| Last Name                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| Address                                       |     | <input type="checkbox"/> Expenditure<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Refund<br><input type="checkbox"/> Reimbursement<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> 3rd Party<br><input type="checkbox"/> Deferred Payment<br><input type="checkbox"/> Payment on Deferred Expense<br><input type="checkbox"/> Investment | Employer                 |                        |                |
| Address2                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| City                                          |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| State                                         | Zip |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
|                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| First Name                                    |     | Date                                                                                                                                                                                                                                                                                                                                                                                                                       | Occupation               |                        |                |
| Last Name                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| Address                                       |     | <input type="checkbox"/> Expenditure<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Refund<br><input type="checkbox"/> Reimbursement<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> 3rd Party<br><input type="checkbox"/> Deferred Payment<br><input type="checkbox"/> Payment on Deferred Expense<br><input type="checkbox"/> Investment | Employer                 |                        |                |
| Address2                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| City                                          |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| State                                         | Zip |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
|                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| First Name                                    |     | Date                                                                                                                                                                                                                                                                                                                                                                                                                       | Occupation               |                        |                |
| Last Name                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| Address                                       |     | <input type="checkbox"/> Expenditure<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Refund<br><input type="checkbox"/> Reimbursement<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> 3rd Party<br><input type="checkbox"/> Deferred Payment<br><input type="checkbox"/> Payment on Deferred Expense<br><input type="checkbox"/> Investment | Employer                 |                        |                |
| Address2                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| City                                          |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| State                                         | Zip |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
|                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| First Name                                    |     | Date                                                                                                                                                                                                                                                                                                                                                                                                                       | Occupation               |                        |                |
| Last Name                                     |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| Address                                       |     | <input type="checkbox"/> Expenditure<br><input type="checkbox"/> In-Kind<br><input type="checkbox"/> Loan Repayment<br><input type="checkbox"/> Refund<br><input type="checkbox"/> Reimbursement<br><input type="checkbox"/> Credit Card<br><input type="checkbox"/> 3rd Party<br><input type="checkbox"/> Deferred Payment<br><input type="checkbox"/> Payment on Deferred Expense<br><input type="checkbox"/> Investment | Employer                 |                        |                |
| Address2                                      |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| City                                          |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
| State                                         | Zip |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |
|                                               |     |                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                |

\* 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      Page Total \$ \_\_\_\_\_

**State of Georgia**  
**Campaign Contribution Disclosure Report**  
**Investments Statement**

|                                                                                                                                        |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 1. Investment Name _____                                                                                                               | Account # _____                                 |
| Institution/Person<br>Holding Account _____<br><br>Mailing Address _____<br><br>Address2 _____<br><br>City _____ State _____ Zip _____ | Value at beginning of reporting period \$ _____ |
|                                                                                                                                        | Value at end of reporting period \$ _____       |
|                                                                                                                                        | Difference in value \$ _____                    |
|                                                                                                                                        | Interest Paid Out \$ _____                      |
|                                                                                                                                        | Cash Dividends \$ _____                         |

## Investment Transactions

| <u>Date</u> | <u>Person(s) Involved in Transaction</u> | <u>Value of investment purchased</u> | <u>Value of investment sold</u> | <u>Profit</u> | <u>Loss</u> |
|-------------|------------------------------------------|--------------------------------------|---------------------------------|---------------|-------------|
|             |                                          |                                      |                                 |               |             |

|                                                                                                                                        |                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 2. Investment Name _____                                                                                                               | Account # _____                                 |
| Institution/Person<br>Holding Account _____<br><br>Mailing Address _____<br><br>Address2 _____<br><br>City _____ State _____ Zip _____ | Value at beginning of reporting period \$ _____ |
|                                                                                                                                        | Value at end of reporting period \$ _____       |
|                                                                                                                                        | Difference in value \$ _____                    |
|                                                                                                                                        | Interest Paid Out \$ _____                      |
|                                                                                                                                        | Cash Dividends \$ _____                         |

## Investment Transactions

| <u>Date</u> | <u>Person(s) Involved in Transaction</u> | <u>Value of investment purchased</u> | <u>Value of investment sold</u> | <u>Profit</u> | <u>Loss</u> |
|-------------|------------------------------------------|--------------------------------------|---------------------------------|---------------|-------------|
|             |                                          |                                      |                                 |               |             |

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: \$ \_\_\_\_\_

**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.

## **Internet Receipt**

\$75 for the month of April 2026 – Remote Worker