

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                        |                                                    |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
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| 1. NAME OF COMMITTEE IN FULL<br>DOOLEY FOR GEORGIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        |                                                    |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| ADDRESS (number and street) 196 ALPS RD<br>STE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                        |                                                    |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| CITY<br>ATHENS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | STATE<br>GA            |                                                    | ZIP CODE<br>30606-4098                                                                                      |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| 2. NAME OF CANDIDATE<br>DOOLEY, DEREK, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                        | 3. OFFICE SOUGHT (State and District)<br>Senate GA |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| 4. FEC IDENTIFICATION NUMBER<br>C00914531                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                        |                                                    |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                        |                                                    |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| <table border="1"> <tr> <td colspan="3">A. FULL NAME<br/>ELDER, SHELLEY, , MS.,</td> <td>Name of Employer<br/>CRANE ELDER LAW FIRM</td> <td>Date (month, day, year)<br/>05/14/2026</td> <td>Amount<br/>1000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>1300 RIDENOUR BLVD NW<br/>STE 115</td> <td>Transaction ID : 62C3097F783AA42CC</td> <td></td> <td></td> </tr> <tr> <td>CITY<br/>KENNESAW</td> <td>STATE<br/>GA</td> <td>ZIP CODE<br/>30152-4528</td> <td>Occupation<br/>ATTORNEY</td> <td></td> <td></td> </tr> <tr> <td colspan="3">B. FULL NAME<br/>JOBE, SALLY, C, MS.,</td> <td>Name of Employer<br/>NONE</td> <td>Date (month, day, year)<br/>05/14/2026</td> <td>Amount<br/>1000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>229 PEACHTREE HILLS AVE NE</td> <td>Transaction ID : 6795D17F0C0224FD1</td> <td></td> <td></td> </tr> <tr> <td>CITY<br/>ATLANTA</td> <td>STATE<br/>GA</td> <td>ZIP CODE<br/>30305-4411</td> <td>Occupation<br/>RETIRED</td> <td></td> <td></td> </tr> <tr> <td colspan="3">C. FULL NAME<br/>CARMICHAEL, JEFFREY, D, MR.,</td> <td>Name of Employer<br/>HTAMERICA HOLDINGS LLC</td> <td>Date (month, day, year)<br/>05/14/2026</td> <td>Amount<br/>3500.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>9447 HAVILAND WAY</td> <td>Transaction ID : 624C51EC666BC468F</td> <td></td> <td></td> </tr> <tr> <td>CITY<br/>OOLTEWAH</td> <td>STATE<br/>TN</td> <td>ZIP CODE<br/>37363-1755</td> <td>Occupation<br/>CEO</td> <td></td> <td></td> </tr> <tr> <td colspan="3">D. FULL NAME<br/>LEHRMAN, THOMAS, , MR.,</td> <td>Name of Employer<br/>TEAMWORTHY GROUP LLC</td> <td>Date (month, day, year)<br/>05/14/2026</td> <td>Amount<br/>1000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>119 TAGGART AVE</td> <td>Transaction ID : 698FE682ECABF4CA</td> <td></td> <td></td> </tr> <tr> <td>CITY<br/>NASHVILLE</td> <td>STATE<br/>TN</td> <td>ZIP CODE<br/>37205-4426</td> <td>Occupation<br/>ENTRPRENEUR, INVESTOR</td> <td></td> <td></td> </tr> <tr> <td colspan="3">E. FULL NAME<br/>NUNNALLY, HUGH, MCKEE, MR.,</td> <td>Name of Employer<br/>SELF EMPLOYED</td> <td>Date (month, day, year)<br/>05/14/2026</td> <td>Amount<br/>1000.00</td> </tr> <tr> <td colspan="3">MAILING ADDRESS<br/>33 AZALEA PT</td> <td>Transaction ID : 60D7CDBF9A6DD471</td> <td></td> <td></td> </tr> <tr> <td>CITY<br/>LAKEMONT</td> <td>STATE<br/>GA</td> <td>ZIP CODE<br/>30552-2106</td> <td>Occupation<br/>INVESTOR</td> <td></td> <td></td> </tr> <tr> <td colspan="3">SIGNATURE (optional)<br/>GOODE, MICHAEL, , ,</td> <td>DATE<br/>05/15/2026</td> <td colspan="2">For further information,<br/>contact the Federal Election Commission<br/>at 800-424-9530 or visit www.fec.gov</td> </tr> </table> |             |                        |                                                    |                                                                                                             | A. FULL NAME<br>ELDER, SHELLEY, , MS., |  |  | Name of Employer<br>CRANE ELDER LAW FIRM | Date (month, day, year)<br>05/14/2026 | Amount<br>1000.00 | MAILING ADDRESS<br>1300 RIDENOUR BLVD NW<br>STE 115 |  |  | Transaction ID : 62C3097F783AA42CC |  |  | CITY<br>KENNESAW | STATE<br>GA | ZIP CODE<br>30152-4528 | Occupation<br>ATTORNEY |  |  | B. FULL NAME<br>JOBE, SALLY, C, MS., |  |  | Name of Employer<br>NONE | Date (month, day, year)<br>05/14/2026 | Amount<br>1000.00 | MAILING ADDRESS<br>229 PEACHTREE HILLS AVE NE |  |  | Transaction ID : 6795D17F0C0224FD1 |  |  | CITY<br>ATLANTA | STATE<br>GA | ZIP CODE<br>30305-4411 | Occupation<br>RETIRED |  |  | C. FULL NAME<br>CARMICHAEL, JEFFREY, D, MR., |  |  | Name of Employer<br>HTAMERICA HOLDINGS LLC | Date (month, day, year)<br>05/14/2026 | Amount<br>3500.00 | MAILING ADDRESS<br>9447 HAVILAND WAY |  |  | Transaction ID : 624C51EC666BC468F |  |  | CITY<br>OOLTEWAH | STATE<br>TN | ZIP CODE<br>37363-1755 | Occupation<br>CEO |  |  | D. FULL NAME<br>LEHRMAN, THOMAS, , MR., |  |  | Name of Employer<br>TEAMWORTHY GROUP LLC | Date (month, day, year)<br>05/14/2026 | Amount<br>1000.00 | MAILING ADDRESS<br>119 TAGGART AVE |  |  | Transaction ID : 698FE682ECABF4CA |  |  | CITY<br>NASHVILLE | STATE<br>TN | ZIP CODE<br>37205-4426 | Occupation<br>ENTRPRENEUR, INVESTOR |  |  | E. FULL NAME<br>NUNNALLY, HUGH, MCKEE, MR., |  |  | Name of Employer<br>SELF EMPLOYED | Date (month, day, year)<br>05/14/2026 | Amount<br>1000.00 | MAILING ADDRESS<br>33 AZALEA PT |  |  | Transaction ID : 60D7CDBF9A6DD471 |  |  | CITY<br>LAKEMONT | STATE<br>GA | ZIP CODE<br>30552-2106 | Occupation<br>INVESTOR |  |  | SIGNATURE (optional)<br>GOODE, MICHAEL, , , |  |  | DATE<br>05/15/2026 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |  |
| A. FULL NAME<br>ELDER, SHELLEY, , MS.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                        | Name of Employer<br>CRANE ELDER LAW FIRM           | Date (month, day, year)<br>05/14/2026                                                                       | Amount<br>1000.00                      |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| MAILING ADDRESS<br>1300 RIDENOUR BLVD NW<br>STE 115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                        | Transaction ID : 62C3097F783AA42CC                 |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| CITY<br>KENNESAW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE<br>GA | ZIP CODE<br>30152-4528 | Occupation<br>ATTORNEY                             |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| B. FULL NAME<br>JOBE, SALLY, C, MS.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                        | Name of Employer<br>NONE                           | Date (month, day, year)<br>05/14/2026                                                                       | Amount<br>1000.00                      |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| MAILING ADDRESS<br>229 PEACHTREE HILLS AVE NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                        | Transaction ID : 6795D17F0C0224FD1                 |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| CITY<br>ATLANTA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STATE<br>GA | ZIP CODE<br>30305-4411 | Occupation<br>RETIRED                              |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| C. FULL NAME<br>CARMICHAEL, JEFFREY, D, MR.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                        | Name of Employer<br>HTAMERICA HOLDINGS LLC         | Date (month, day, year)<br>05/14/2026                                                                       | Amount<br>3500.00                      |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| MAILING ADDRESS<br>9447 HAVILAND WAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                        | Transaction ID : 624C51EC666BC468F                 |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| CITY<br>OOLTEWAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE<br>TN | ZIP CODE<br>37363-1755 | Occupation<br>CEO                                  |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| D. FULL NAME<br>LEHRMAN, THOMAS, , MR.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                        | Name of Employer<br>TEAMWORTHY GROUP LLC           | Date (month, day, year)<br>05/14/2026                                                                       | Amount<br>1000.00                      |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| MAILING ADDRESS<br>119 TAGGART AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                        | Transaction ID : 698FE682ECABF4CA                  |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| CITY<br>NASHVILLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STATE<br>TN | ZIP CODE<br>37205-4426 | Occupation<br>ENTRPRENEUR, INVESTOR                |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| E. FULL NAME<br>NUNNALLY, HUGH, MCKEE, MR.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                        | Name of Employer<br>SELF EMPLOYED                  | Date (month, day, year)<br>05/14/2026                                                                       | Amount<br>1000.00                      |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| MAILING ADDRESS<br>33 AZALEA PT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                        | Transaction ID : 60D7CDBF9A6DD471                  |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| CITY<br>LAKEMONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STATE<br>GA | ZIP CODE<br>30552-2106 | Occupation<br>INVESTOR                             |                                                                                                             |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |
| SIGNATURE (optional)<br>GOODE, MICHAEL, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                        | DATE<br>05/15/2026                                 | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |                                        |  |  |                                          |                                       |                   |                                                     |  |  |                                    |  |  |                  |             |                        |                        |  |  |                                      |  |  |                          |                                       |                   |                                               |  |  |                                    |  |  |                 |             |                        |                       |  |  |                                              |  |  |                                            |                                       |                   |                                      |  |  |                                    |  |  |                  |             |                        |                   |  |  |                                         |  |  |                                          |                                       |                   |                                    |  |  |                                   |  |  |                   |             |                        |                                     |  |  |                                             |  |  |                                   |                                       |                   |                                 |  |  |                                   |  |  |                  |             |                        |                        |  |  |                                             |  |  |                    |                                                                                                             |  |

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                         |  |                                                                                                                                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. NAME OF COMMITTEE IN FULL<br>DOOLEY FOR GEORGIA                                                                                                                      |  |                                                                                                                                                                             |  |
| ADDRESS (number and street) 196 ALPS RD<br>STE 2                                                                                                                        |  |                                                                                                                                                                             |  |
| CITY, STATE, and ZIP CODE<br>ATHENS GA 30606-4098                                                                                                                       |  |                                                                                                                                                                             |  |
| 2. NAME OF CANDIDATE<br>DOOLEY, DEREK, , ,                                                                                                                              |  | 3. OFFICE SOUGHT (State and District)<br>Senate GA                                                                                                                          |  |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00914531                                                                                                                                   |  |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                                                                                                                                             |  |
| continuation page                                                                                                                                                       |  |                                                                                                                                                                             |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>THOMAS, DAVID, K, MR.,<br>6190 RACHEL RD<br>PEACHTREE CORNERS GA 30092-1313                                               |  | Name of Employer<br>PRESIDENT<br>Date (month, day, year)<br>05/14/2026<br>Amount<br>1041.02<br>Transaction ID : 64A1708A4F78B44DE8AE<br>Occupation<br>SALES                 |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>CLEVELAND, JOHN, , MR.,<br>PO BOX 2958<br>GAINESVILLE GA 30503                                                            |  | Name of Employer<br>GAINESVILLE MILLING COMPANY<br>Date (month, day, year)<br>05/14/2026<br>Amount<br>3500.00<br>Transaction ID : 6E277480F98A74B1EBB0<br>Occupation<br>CEO |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br>Date (month, day, year)<br>Amount<br>Occupation                                                                                                         |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br>Date (month, day, year)<br>Amount<br>Occupation                                                                                                         |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  | Name of Employer<br>Date (month, day, year)<br>Amount<br>Occupation                                                                                                         |  |