

8-28-2017  
James  
2006000148

Georgia Government Transparency & Campaign Finance Commission  
DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS  
FORM DOI

INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

1 Today's Date: August 28, 2017

2 Candidate (full name): Norma Elizabeth HARRIS  
 Address: 735 Apex Road  
 City, State, Zip: Columbus, GA 31904  
 Telephone (optional): 706-761-5230 Email: harris2428@yahoo.com

3 Select Office Type:  State  County  Municipal  
 Name of Office Sought or Held: Mayor  
 (include district, post, or judicial circuit if applicable)

Party Affiliation (optional):  
 Democrat  Non Partisan  
 Republican  Other

4 Next Election Year: 2018

Complete sections 5 and 6 ONLY if you have a campaign committee.  
This information does not register a campaign committee. (Please use Form RC to register.)

5 Campaign Committee Chairperson (full name): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email : \_\_\_\_\_

6 Treasurer (full name): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email : \_\_\_\_\_

I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

Norma Harris

Signature of Candidate

August 28, 2017

Date