

James
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12-20-17

CFC Form DOI Rev 09/2017



Georgia Government Transparency & Campaign Finance Commission
200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

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: 12/20/2017

2 Candidate (full name): Christina Thorington
Address: 6454 Independence Ct.
City, State, Zip: Columbus, GA, 31909
Telephone (optional): (706) 714-0388 Email: christina.thorington@gmail.com

3 Select Office Type: Statewide State County Municipal
Name of Office Sought or Held: City 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.

Signature of Candidate

12/20/2017
Date