

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:	02 / 24 / 14		
2	Candidate (full name):	Ernest Henderson		
	Address:	2221 2nd Ave		
	City, State, Zip:	Columbus, Ga 31902		
	Telephone (optional):	706-332-0539	Email:	ernesthenderson@olmacc.com
3	Select Office Type:	<input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal		Party Affiliation (optional):
	Name of Office Sought or Held:	Mayor		<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
	(include district, post, or judicial circuit if applicable)			
4	Incumbent: Mayor Teresa P. Tomlinson	Next Election Year: 2014		

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.

Ernest Henderson

Signature of Candidate

02/24/14

Date