

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

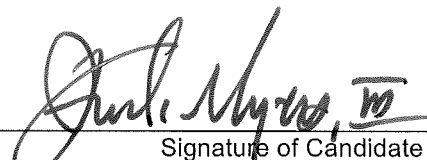
INCOMPLETE FORMS WILL NOT BE PROCESSED • If form is handwritten, it must be legible.

<b>1</b>	Today's Date: 02/28/2014	
<b>2</b>	Candidate (full name): <u>James Frank Myers, III</u> Address: <u>2723 Madden Drive</u> City, State, Zip: <u>Columbus, GA. 31906</u> Telephone (optional): <u>706-718-9955</u> Email: <u>JFrankMyers3@AOL.com</u>	
<b>3</b>	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>MCSO, District 8</u> <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
<b>4</b>	Incumbent: Norma Elizabeth (Beth) Harris	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.)

<b>5</b>	Campaign Committee Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email: _____
<b>6</b>	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email: _____

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

  
Signature of Candidate

2-28-'14  
Date