

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: September 15, 2017

2 Candidate (full name): Berry H. "Skip" Henderson III
Address: 9523 Comanche Road
City, State, Zip: Columbus, Georgia 31904
Telephone (optional): 706-325-2576 Email: bhhskip@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

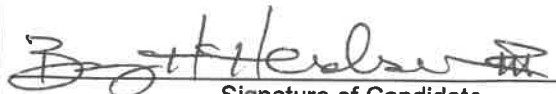
4 Next Election Year: 2018

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.


Signature of Candidate

9/15/17
Date