

Stov 7-14-25

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: 07/14/2025
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2	Candidate (full name): <u>Cathy LaVerne Cook</u>
	Address: <u>1489 Millington Rd</u>
	City, State, Zip: <u>Columbus, GA, 31904</u>
	Telephone (optional): _____ Email: <u>drclcook69@gmail.com</u>

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: <u>Muscogee County City Council District 9 AT</u> (include district, post, or judicial circuit if applicable)	<input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other

4	Incumbent: <u>Anker</u>	Next Election Year: <u>2026</u>
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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

07/14/2025
Date