

Store 7/11/25



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) – COUNTY/MUNICIPAL LEVEL FILERS

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

1 Today's Date: **July 11, 2025**

2 Candidate (full name): Christopher William Kelley
 Address: 1111 33rd St.
 City, State, Zip: Columbus, GA, 31904
 Telephone (optional): (706)326-8057 Email: chriskelley2012@yahoo.com

3 Name County/City: Muscogee Party Affiliation (optional):
 Name of Office Sought or Held: Columbus City Council, District 7
(include office, district, post, or judicial seat)
 Democrat Non-Partisan
 Republican Other

4 Next Election Year: **2026**

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): Shameika Averett
 Address: 8400 Veterans Parkway
 City, State, Zip: Columbus, GA, 31909
 Email : _____

6 Treasurer (full name): Christina Barnes
 Address: 2480 Wise Street
 City, State, Zip: Columbus, GA, 31903
 Email : _____

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

Chr. Kelley

 Signature of Candidate

7/11/2025

 Date