

*Glove*

FORM 1486-12



# 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: 8/1/2025

**2** Candidate (full name): Joanne Cogle  
Address: 732 2nd Ave  
City, State, Zip: Columbus, GA 31901  
Telephone (optional): 706-478-7579 Email: joanne.cogle@gmail.com

**3** Name County/City: Muscogee County  
Name of Office Sought or Held: Mayor  
(include office, district, post, or judicial seat)

Party Affiliation (optional):  
 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): Joanne Cogle  
Address: 732 2nd Ave  
City, State, Zip: Columbus, GA 31901  
Email: joanne.cogle@gmail.com

**6** Treasurer (full name): Stephanie McPherson  
Address: 644 2nd Ave  
City, State, Zip: Columbus, GA 31901  
Email: steph.a.mcpherson@gmail.com

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

\_\_\_\_\_  
Signature of Candidate

8/1/2025  
\_\_\_\_\_  
Date