CFC Form DOI Rev 02/2020 LOCAL

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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: 9/2/2025

2 Candidate (full name): Byron Norris Hickey
Address: P.O. Box 6224
City, State, Zip: Columbus, GA. 31917
Telephone (optional): 706-570-8516 Email: byronhickey@ymail.com

3 Name County/City: Muscogee / Columbus
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): Byron Norris Hickey
Address: P.O. Box 6224
City, State, Zip: Columbus, GA. 31917
Email : byronhickey@mail.com

6 Treasurer (full name): Toomae Isabel Bozsa
Address: P.O. Box 6224
City, State, Zip: Columbus, GA. 31917
Email : toomaebozsa@gmail.com

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

B.N. Hickey
Signature of Candidate

9/2/2025
Date

COUNTY/MUNICIPAL FILERS: File this form directly with the Local Filing Officer in your county and/or municipality
LOCAL FILING OFFICERS: Send a copy via email to localreports@ethics.ga.gov