



# Georgia Government Transparency & Campaign Finance Commission

200 Piedmont Avenue S.E. | Suite 1416 - West Tower | Atlanta Georgia, 30334

DE-2020-0411-155

## 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:	<i>30 Dec 25</i>
2	Candidate (full name):	<i>Sherrie Aaron</i>
	Address:	<i>1119 Bunker Hill Rd.</i>
	City, State, Zip:	<i>Columbus, Ga. 31901</i>
	Telephone (optional):	<i>(706) 704-1617</i>
	Email:	<i>sherrie.cmg@gmail.com</i>
3	Name County/City: <i>Marion</i>	Party Affiliation (optional):
	Name of Office Sought or Held: <i>City Council District 3</i>	(include office, district, post, or judicial seat)
		<input type="checkbox"/> Democrat <input type="checkbox"/> Non-Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Next Election Year:	<i>2026</i>
<p>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.)</p>		
5	Campaign Committee Chairperson (full name):	
	Address:	
	City, State, Zip:	
	Email :	
6	Treasurer (full name):	<i>Largessa Holloway</i>
	Address:	<i>5443 Armonvd</i>
	City, State, Zip:	<i>Columbus, Ga. 31909</i>
	Email :	<i>C.holloway@sherrieaaron.org</i>

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

Signature of Candidate

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](mailto:localreports@ethics.ga.gov)