



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: Oct 3, 2025

**2** Candidate (full name): Charlita Nicole Grant  
 Address: 2832 Colorado St  
 City, State, Zip: Columbus, G.A 31906  
 Telephone (optional): 706-811-5377 Email: Sandraionn4@gmail.com

**3** Name County/City: Muscogee Party Affiliation (optional):  
 Name of Office Sought or Held: Mayor  
(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): Governor Brian P. Kemp  
 Address: 214 State Capitol  
 City, State, Zip: Atlanta G.A. 30334  
 Email: \_\_\_\_\_

**6** Treasurer (full name): Governor Brian P. Kemp  
 Address: 214 State Capitol  
 City, State, Zip: Atlanta G.A. 30334  
 Email: \_\_\_\_\_

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

Charlita N. Grant

Signature of Candidate

Oct 3, 2026

Date