



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: _____

2 Candidate (full name): _____
 Address: _____
 City, State, Zip: _____
 Telephone (optional): _____ Email: _____

<p>3 Name County/City: _____</p> <p>Name of Office Sought or Held: _____ (include office, district, post, or judicial seat)</p>	<p>Party Affiliation (optional):</p> <p><input type="checkbox"/> Democrat <input type="checkbox"/> Non-Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other</p>
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4 Next Election Year: _____

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): _____
 Address: _____
 City, State, Zip: _____
 Email : _____

6 Treasurer (full name): _____
 Address: _____
 City, State, Zip: _____
 Email : _____

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

 Signature of Candidate

 Date