

Georgia Government Transparency & Campaign Finance Commission

DECLARATION OF INTENTION TO ACCEPT CAMPAIGN CONTRIBUTIONS

FORM DOI

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 : _____ | |
| 3 | Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: _____ (include district, post, or judicial circuit if applicable) | Party Affiliation (optional): <input type="checkbox"/> Democrat <input type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other |
| 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