

# 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.**

<b>1</b>	Today's Date: _____	
<b>2</b>	Candidate (full name): _____ Address: _____ City, State, Zip: _____ Telephone (optional): _____ Email : _____	
<b>3</b>	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
<b>4</b>	Incumbent: _____	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.)

<b>5</b>	Campaign Committee Chairperson (full name): _____ Address: _____ City, State, Zip: _____ Email : _____	
<b>6</b>	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email : _____	

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

\_\_\_\_\_ \_\_\_\_\_  
 Signature of Candidate Date