Filer ID: _____

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: _____

3 Name County/City: _____

Name of Office Sought or Held: _____
(include office, district, post, or judicial seat)

Party Affiliation (optional):

☐ Democrat ☐ Non-Partisan
☐ Republican ☐ 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

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