

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: <u>3/8/18</u>		
2	Candidate (full name): <u>Anthony Wayne McCool</u> Address: <u>6617 Benson Dr</u> City, State, Zip: <u>Columbus GA 31909</u> Telephone (optional): <u>706-325-3703</u> Email: <u>tonymccool@gmail.com</u>		
3	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"> Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>School Board</u> <small>(include district, post, or judicial circuit if applicable)</small> </td> <td style="width: 30%; border: none; vertical-align: top;"> Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other </td> </tr> </table>	Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>School Board</u> <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>School Board</u> <small>(include district, post, or judicial circuit if applicable)</small>	Party Affiliation (optional): <input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other		
4	Next Election Year: <u>2018</u>		

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	<u>3-8-18</u> _____ Date
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