

Q2006000148
James
1-24-2018

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>1-24-2018</u> | |
| 2 | Candidate (full name): <u>David Merkin Wright</u> Address: <u>4716 St. Francis Ave</u> City, State, Zip: <u>Columbus GA 31904</u> Telephone (optional): <u>706-393-1177</u> Email: <u>dw980168@gmail.com</u> | |
| 3 | Select Office Type: <input type="checkbox"/> State <input checked="" type="checkbox"/> County <input type="checkbox"/> Municipal Name of Office Sought or Held: <u>8 MC School Board</u> <small>(include <u>district</u> 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.

David Merkin Wright
 Signature of Candidate

1-24-2018
 Date