

Q200600048
James
2-23-18

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): <u>Eddie Vincent Obleton</u> Address: <u>8019 Wellington Trace</u> City, State, Zip: <u>Midland, GA. 31820</u> Telephone (optional): <u>706-577-0914</u> Email: <u>obleton@aol.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>MCSD #6 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: 2018

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: _____
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6	Treasurer (full name): _____ Address: _____ City, State, Zip: _____ Email: _____
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I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE.

E. Obleton
Signature of Candidate

2-23-18
Date