

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>March 4, 2014</u>		
2	Candidate (full name): <u>Felicia L. Hamilton</u> Address: <u>4589 English Joy Dr</u> City, State, Zip: <u>Fortson GA 31808</u> Telephone (optional): <u>(706) 575-3308</u> Email: <u>thegallery106@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>City Wide Council Seat #9</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>City Wide Council Seat #9</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>City Wide Council Seat #9</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	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Incumbent: <u>Judy Thomas</u></td> <td style="width: 30%; border: none;">Next Election Year: <u>2014</u></td> </tr> </table>	Incumbent: <u>Judy Thomas</u>	Next Election Year: <u>2014</u>
Incumbent: <u>Judy Thomas</u>	Next Election Year: <u>2014</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): <u>Francine Foster</u> Address: <u>1105 Antietam Court</u> City, State, Zip: <u>Columbus GA 31907</u> Email: <u>Francinem.foster@gmail.com</u>
6	Treasurer (full name): <u>Gwennetta Wright</u> Address: <u>101 Mays Ave</u> City, State, Zip: <u>Columbus GA 31907</u> Email: <u>gwennettawright@aol.com</u>

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

 _____ Signature of Candidate	<u>March 4, 2014</u> _____ Date
--	---------------------------------------