

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:	1/30/18
2	Candidate (full name):	Garrett Lawrence
	Address:	1423 16 <sup>th</sup> Avenue
	City, State, Zip:	Columbus, GA, 31901
	Telephone (optional):	(706) 573-5577 Email: Garrett@malitide.com
3	Select Office Type: <input type="checkbox"/> State <input type="checkbox"/> County <input checked="" type="checkbox"/> Municipal	Party Affiliation (optional):
	Name of Office Sought or Held: City Council District 7 <small>(include district, post, or judicial circuit if applicable)</small>	<input type="checkbox"/> Democrat <input checked="" type="checkbox"/> Non Partisan <input type="checkbox"/> Republican <input type="checkbox"/> Other
4	Incumbent: Evelyn, Mimi Woodson	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 :	_____

6	Treasurer (full name):	_____
	Address:	_____
	City, State, Zip	_____
	Email :	_____

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

  
Signature of Candidate

1/30/18  
Date