

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: 01/07/14	
2	Candidate (full name): <u>John (Bart) Steed For District 2</u> Address: <u>5517 Sedgewick Dr.</u> City, State, Zip: <u>Columbus, Ga. 31904</u> Telephone (optional): <u>(706)-323-0651</u> Email : <u>jhsteed@kar-tunes.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>Muscogee County Board of Education District 2</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	Incumbent: John Wells	Next Election Year: 2014

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>John P. Steed</u> Address: <u>5517 Sedgewick Dr.</u> City, State, Zip: <u>Columbus, Ga. 31904</u> Email : <u>johnpsteed@gmail.com</u>	
6	Treasurer (full name): <u>John P. Steed</u> Address: <u>5517 Sedgewick Dr.</u> City, State, Zip: <u>Columbus, Ga. 31904</u> Email : <u>johnpsteed@gmail.com</u>	

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

 _____ Signature of Candidate	<u>01/07/14</u> _____ Date
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