

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: August 29, 2017

2 Candidate (full name): JEREMY SCOTT HOBBS
 Address: 1421 Springer Street
 City, State, Zip: Columbus, GA 31901
 Telephone (optional): 706-580-6239 Email: hobbsjeremy@gmail.com

3 Select Office Type: State County Municipal
 Name of Office Sought or Held: City Council District 7
 (include district, post, or judicial circuit if applicable)

Party Affiliation (optional):
 Democrat Non Partisan
 Republican Other

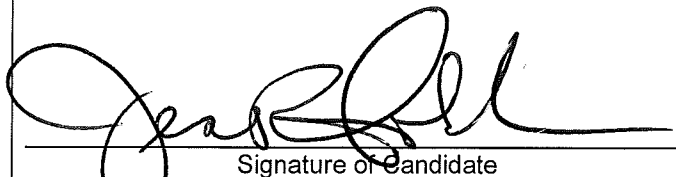
4 Next Election Year: 2018

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 : _____

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

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


Signature of Candidate

08/29/2017
Date